

State of Kansas Social and Rehabilitation Services
Income Maintenance and Medical services

INTERIM ASSISTANCE REIMBURSEMENT FOR INITIAL CLAIMS AND POST ELIGIBILITY PAYMENTS AUTHORIZATION

NUMBER HOLDER IDENTIFICATION

Last Name	First Name	M.I.	Social Security number
Pre Fix:	Prior Error:		Grant Reimbursement GR 1 7 8 8 0

I, the undersigned, authorize the Social Security Administration (SSA) to deduct from my initial payment of supplemental security Income (SSI) an amount equal to the sum of all the state funds provided to or on behalf of me, beginning with the month following the month I applied for social security benefits and ending with and including the month my monthly recurring benefits begin. The money paid back to the state will not include any emergency advance payments authorized under section 1631(a)(4)(A) of the Act , any presumptive disability/blindness payments authorized under section 1631 (a)(4)(B) or any immediate payments authorized under section 1631(a)(1).

I understand the signing of this authorization protects my filing date for SSI application so long as I apply for benefits within 60 days of this authorization. If I apply after the 60 day time period my filing date will be later. For initial SSI claims and post eligibility cases, this authorization is in effect for 12 months. The 12 month period will begin the date SSA receives the authorization or the date the state notifies SSA that it has received this authorization, including electronic notifications.

If one of the following events occurs within the 12 month period, the authorization will cease to have effect as of the date that:

- I receive the first payment of retroactive SSI benefits
- A final decision is made on the post eligibility case and no timely request for review is filed; or
- The state and I agree to terminate the authorization

I understand that within 10 days of receipt of reimbursement from SSA, the state will provide a written notice explaining the amount of the Interim Assistance payment the state provided me and my right to have a hearing from the state regarding any amount deducted from my initial payment.. SSA will send me a letter explaining how the remaining SSI money (if any) will be released.

I understand that by signing this authorization I am declaring I want to file for SSI payments, I must file for SSI at a Social Security office and that Social Security will determine if I am eligible for SSI. My eligibility for SSI can begin as early as the date SRS receives the signed authorization so long as I file the SSI application within 60 days of this authorization. .

SIGNATURE

DATE

ADDRESS

PHONE #

IM WORKER SIGNATURE

DATE